

# “May cause drowsiness”—Should my employees on antidepressants be driving?

by Laura Snyder

Antidepressants are being prescribed more often than ever before in the United States. Use of antidepressants among adults has nearly tripled in the last few years, according to the National Center for Health Statistics. Of adults 18 and over, an estimated 10 percent of women and four percent of men take antidepressants. These facts illuminate the likelihood that transit drivers, like other Americans, are taking antidepressants. Is it safe for drivers to take these medications which are known to have side effects including drowsiness and seizures?

## Rx review...

Not all antidepressants cause side effects that interfere with driving, according to Dr. Karen Moeller, clinical assistant professor of pharmacy practice at KU Medical Center. Moeller says a class of older antidepressants called tricyclics—Elavil and Anafranil are some common brand names—is known to cause drowsiness. However, she says tricyclics are rarely prescribed now that newer drugs with fewer side effects are on the market.

A newer class of antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs) is more likely to cause insomnia rather than drowsi-

ness. SSRIs include Lexapro, Zoloft, Prozac, Paxil, Celexa and Luvox. Only Paxil and Celexa sometimes cause mild sedation, but not enough to interfere with driving, says Moeller.

Welbutrin, another antidepressant, can also cause insomnia, so the risk of falling asleep

Zyprexa, Seroquel and Clozaril are the most sedating anti-psychotics.

While the side effects above are generally expected, Moeller also notes that people react to drugs differently. Some individuals stay wide awake while taking sedatives; on the other hand, some who take SSRIs get unexpectedly drowsy. Dosage can



People react to drugs differently. A sedative might make one person sleepy while another person wouldn't be the least bit tired.

at the wheel with this drug is low. However, Welbutrin can cause seizures, especially in people who have a history of seizures or epilepsy, or an eating disorder that has produced a deficiency in electrolytes. Moeller says people taking Welbutrin who use alcohol frequently might also have seizures. But for a person who has no history of seizures or epilepsy, Moeller says it is “extremely rare” for Welbutrin to cause seizures.

Drugs used to treat other mental illnesses, such as anxiety, bipolar disorder or schizophrenia can also cause drowsiness. Sedatives such as Xanax and Valium are part of a group called benzodiazepines. Drivers taking these drugs are advised to use caution while driving, says Moeller.

Anti-psychotics are a class of drugs historically used to treat schizophrenia, but they are now being used to treat bipolar disorder and anxiety as well. Moeller says

also make a difference in the severity of side effects.

While an employee should not drive right away after beginning a new drug, Moeller says after the body has several weeks to adjust, initial side effects such as drowsiness could cease. After a driver has had a chance to get used to the medication, his or her ability to drive should be reevaluated.

## Prescription policies

Lawrence Transit follows the FTA's best practice policies regarding prescription drugs, says Mike Sweeten, contractor. The FTA keeps track of how different agencies across the country are handling drug and alcohol issues, and Sweeten says Lawrence Transit adopts policies that have worked well for other agencies.

“We also provide training within our drug and alcohol program about the effects of prescription drugs,” he says. “We tell [drivers] that if the

prescription carries a warning label regarding drowsiness or operation of a vehicle, to avoid working.”

At Lawrence Transit, an employee is expected to notify a supervisor of the medication he or she is now taking. The supervisor then talks with agency’s doctor or clinic to establish whether the employee can drive safely while on that particular drug. If the employee is unable to work for an extended period of time, Sweeten says he or she might qualify for the Family Medical Leave Act (FMLA). If not, the employee could use accumulated vacation and sick days. As a last option, the employee could apply for an unpaid leave of absence.

Sweeten says transit agencies should encourage their drivers to talk a doctor about how medications affect their tasks as a transit driver.

### Disclosing medications

Unfortunately, you might not be able to count on every driver being honest with you about medication being taken. Some agencies require employees to report such drugs to supervisors, while others only encourage doing so.

Sandy Flickinger, drug and alcohol program manager at KDOT, says most drugs used to treat mental illnesses will not show up on drug tests, with the exception of possibly Valium or other sedatives.

### Legal implications

Vicky Johnson, attorney for KDOT, says that if you do not require drivers to report their medications, your agency could be held liable if a drug’s side effects cause a driver to have an accident. On the other hand, if you do require drivers to report all medications that could interfere with driving, but the driver fails to disclose taking such a drug, the agency might not be liable.

When your drivers are sent for physicals, you should review a copy of the results and pay attention to any medications the driver is taking. If you have any doubts, obtain written documentation from the driver’s doctor saying that the medication will not interfere with the ability to drive.

Flickinger suggests that employers wanting to create a prescription drug disclosure policy order the pre-

scription and over-the-counter toolkit from FTA’s Web site at <http://transit-safety.volpe.dot.gov/Publications/substance/RxOcx/RxOcx.pdf>. The toolkit includes sample drug policies, procedures and training aids from across the country.

Source:

National Center for Health Statistics, at <http://www.cdc.gov/nchs/press-room/04news/04news04.htm> ▲

## Threat and vulnerability toolbox completed for rural transit agencies

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by Pat Weaver  
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In the wake of transportation blunders that plagued incident response during last year’s hurricanes, the National Rural Transit Assistance Program (National RTAP) will release a new interactive DVD to help transit managers across the country more effectively assess hazards and threats and develop emergency response plans.

The *Threat & Vulnerability Toolbox*, as it is called, leads the transit manager through a planning process by which they 1) identify which assets are most essential to their mission, 2) assess safety hazards and security threats to those assets, 3) develop plans to reduce the likelihood and/or impact of those risks, and 4) establish response protocols for managing critical incidents if and when they do occur.

“The devastation in Louisiana and Mississippi has forced communities all across the country to take a second look at their evacuation

plans, and indeed their disaster response strategies,” noted Dave Barr, acting director of the National RTAP. “Our goal with this product is to give transit operators the tools to prepare for, survive, and recover from the hazards they face.”



*The toolbox includes a DVD and workbook.*

The interactive DVD and companion student workbook include instructional materials, tests

and exams, exercises to help managers set priorities, and essential protocols for a variety of disaster scenarios. The

DVD also includes video vignettes capturing industry best practices, PowerPoint presentations for training and outreach efforts, a 10-minute stand-alone video on the topic, and a template Safety, Security and Emergency Preparedness Plan (SSEPP) appropriate for transit systems large or small.

The initiative gives transit systems clearer federal guidance safety, security and emergency preparedness

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